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ABSTRACT

This document consists of part three of a book of readings that examine issues affecting men in the late 20th century. It was written for counselors at all educational levels, social workers, community therapists, private practitioners, clinicians, teachers, hospital workers, and Employee Assistance Program workers. Three chapters are included in this third section, which is on multicultural concerns. "Black Male Development: Counseling the 'Native Son'" (Courtland Lee) takes an incisive look at a program to help young black men develop a sense of identity. It describes specific steps that enable African-American men to explore the thoughts, feelings, and behaviors associated with being black. "Exploring the Macho Mystique: Counseling Latino Men" (Fernando Gutierrez) presents case studies and explores how various issues affect Latino men at different developmental stages in their lives. It also discusses how counselors can assist their clients in this developmental process. "Culture in Transition: Counseling Asian-American Men" (David Sue) focuses on the family structure and values of traditional Asian Americans, counseling approaches based on these values, the impact of differences in acculturation and ethnic identity, and special problems Asian men face. (NB)

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Most social and economic indicators for Black men provide a profile of individuals whose development and quality of life are in serious jeopardy.

Chapter 10

BLACK MALE DEVELOPMENT: COUNSELING THE "NATIVE SON"

Courtland C. Lee

African-American men in contemporary society face many challenges that affect their psychosocial development. Evidence emerging from both popular and social science literature suggests that Black men in America constitute a population at risk (Gary, 1981; Louis, 1985; McGhee, 1984). Most social and economic indicators for Black men provide a profile of individuals whose development and quality of life are in serious jeopardy. Data indicate that Black men are more likely than any other ethnic gender group in America to lack jobs or to drop out of the labor market completely, to be suspended from or drop out of the educational system, to be incarcerated, and to die from accidents or violence (Cordes, 1985; Gary, McGhee, McNatt, 1984; Poussaint, 1982). A review of such data ominously suggests that the African-American man may be an endangered species (Gibbs, 1984; Leavy, 1983).

In addition to statistics that suggest the danger of their extinction, African-American men encounter negative stereotypes about their very manhood. These stereotypes include the notions that they are socially castrated, insecure in their male identity, and lack a positive self-concept. Significantly, most of these stereotypes have stemmed from a failure to understand masculinity in an African-American sociocultural context (Staples, 1978).

From birth to death, it is apparent that Black men in America face a series of challenges to optimal academic, career, and personal-social development. These challenges take their toll at every age, but at every stage of life the toll is high and the effect is cumulative (McGhee, 1984).

Counseling professionals therefore are confronted with formidable challenges when attempting to intervene in the lives of African-American male clients. Counseling Black men requires not only an understanding of the theoretical and practical traditions of counseling and psychotherapy, but an appreciation of African-American culture and its role

in shaping the development of Black men, as well as an understanding of societal forces that have historically impinged upon that development and placed them at risk.

The purpose of this chapter is to help counseling professionals develop the awareness, knowledge, and skills for proactive psychotherapeutic intervention with Black male clients. After an analysis of Black male development in a sociocultural context and an exploration of issues to consider when counseling Black men, an intervention model for promoting optimal Black male development will be offered.

Socioculturai Challenges to Black Male Development

It must be understood that manhood historically has not been a birthright for African-American man (Genovese, 1974; Herndon, 1965; Staples, 1978). Unlike their European-American counterparts, Black men have not generally been granted masculine privilege or power in the United States. Sociocultural forces throughout American history have combined to keep Black men from assuming traditional masculine roles (Staples, 1983; Wilkinson & Taylor, 1977). Whereas White American men, from boyhood, are socialized by family, school, and the dominant culture in general, with a masculine sensibility that is composed of an awareness that power and control are their birthright and that they are the primary means of ensuring personal respect, financial security, and success (Goldberg, 1976; Pleck & Sawyer, 1974), these possibilities of manhood have generally been denied to African-American men. This denial process has been an integral part of the dynamics of oppression and racism that have pervaded the Black experience in America (Grier & Cobbs, 1968; Thomas & Sillen, 1972). Beginning with the capture and selling of Africans into bondage in the Americas in the 17th century, Black men have engendered fear in the European American (Grier & Cobbs; Hilliard, 1985; Staples, 1978). Black men, and their implied physical prowess and leadership ability, have been perceived as representing the greatest threat to the social order and economic power structure so carefully constructed and controlled by White male dominance. Therefore, in order to maintain socioeconomic control, the White male-dominated power structure has ensured that African-American men have not had access to the traditional sex role values and behaviors associated with power, control, status, and achievement. Both during the era of slavery and the decades after, the White American power structure has initiated various social and economic actions that have resulted in the subordination of Black men and the cancellation of their masculine advantage in the larger society (Staples, 1978; Taylor, 1977). The racism

inherent in such actions has operated to impede the sex role socialization of African-American men and has kept them in many instances from realizing even the most basic aspects of masculine privilege and power, namely life-sustaining employment and the ability to support a family (Staples, 1978).

The historical persistence of barriers to the expression of Black manhood has taken a significant toll on the psychosocial development of the African-American man. The inability to fulfill masculine roles has made rage, frustration, powerlessness, and hopelessness major forces in the Black male developmental process. These forces are manifested in the antisocial and self-destructive behavior patterns that characterize a great deal of the contemporary African-American male experience (Cordes, 1985; Cary, 1981; McGhee, 1984). Significantly, in a society where a man's worth (and ultimately his manhood) has seemingly been judged by his ability to accumulate wealth and power, the African-American man's inability to obtain little of either has had serious consequences for his psychosocial development.

Facilitating Change in the Lives of Black Men: Counseling for Optimal Development

Prelude to Counseling Practice

Before examining counseling practice for African-American male clients, it is important to consider several issues that must be understood if effective therapeutic intervention is to take place. These are: African-American culture and its relationship to optimal mental health; the barriers to effective counseling with Black men; and the importance of a proactive mental health approach to counseling with Black men.

African-American Culture: The Key to Black Mental Health

Any discipline that would seek to understand the dynamics of African-American male development must take into account the experiences that have shaped that development. Counseling strategies and techniques for Black men, therefore, must be predicated on an understanding of African-American culture and its crucial role in fostering optimal mental health. In recent years, Black educators and psychologists have concluded that several aspects of the African-American cultural experience that have evolved from African tradition have a significant relationship with Black mental health (Cross, 1974; Harper, 1973; White, 1980; Nobles, 1980; Pasteur & Toldson, 1982).

An examination of core African-American culture (i.e., the culture that has developed in relatively homogeneous Black communities where rudimentary Afrocentric ways of life have been preserved in some measure) will reveal that Americans of African descent have developed a worldview that is grounded in African-American experience and is based on African-oriented philosophical assumptions. These assumptions constitute a cultural tradition that places a high premium on harmony among people and their internal and external environments, fosters self and group development through Black expressiveness, and recognizes the need for holistic development (Nobles, 1980).

Given this, counseling professionals need to find ways to incorporate African-American cultural dimensions into the helping process with Black men. Culture-specific approaches to counseling attempt to transform basic aspects of Black male life, generally ignored or perceived as negative in a European-American psychoeducational framework, into positive developmental experiences.

In order to maximize the effectiveness of cultural specificity in the helping process, emphasis should be placed on group approaches to counseling and psychotherapy with Black men. Group-oriented counseling approaches reflect the communal nature of the African-American experience. As mentioned previously, the dynamics of socialization among Black people emphasize cooperation and a sense of community. Within this context, peer group interaction is an important means of social identification and support for Black men (Hall, 1981). Understanding and using this African-American sociocultural phenomenon in counseling intervention with Black men should be an important goal.

Barriers to Effective Counseling With Black Men

The sociocultural challenges associated with the development of Black manhood give rise to potential barriers that may block effective counseling with Black men. First, it must be understood that in most instances Black men consider seeking traditional counseling as an admission of weakness and not very "manly." Although this is a phenomenon observed in men in general, it takes on a different dimension with Black men. For them, doing anything that seems "unmanly" can threaten their masculine self-concept, already decreased by the dominant society's general view of Black manhood.

Second, more often than not, Black men are referred for counseling by some societal agent, be it teacher, school principal, judge, social worker, or probation officer. These referrals are often made after some offense against the social order. The goal of counseling, therefore, is generally rehabilitative/punitive as opposed to developmental/preventive in na-

ture. It is not unusual, then, to find Black men approaching the counseling process with apathy or hostility. Black male resistance to the counseling process can be considered as a defense mechanism (Larrabee, 1986; Majors & Nikelly, 1983; Vontress, 1971). Black men generally view counseling as an activity that is conducted by agents of a system that has rendered them powerless. The counseling process, therefore, could be perceived as another infringement on Black manhood.

Given these barriers, if counselors want to reach Black men, they should consider alternative methods of delivering mental health services. June (1986), suggested several important methods for enhancing the delivery of counseling services to Black men. One suggestion was to offer counseling services in a seeking mode (Rappaport, 1977). Such a delivery mode generally offers counseling services outside of a traditional therapeutic setting and incorporates the use of nonprofessional helping resources. With Black men such a mode should include an aggressive outreach approach that makes use of indigenous helping resources available in Black churches, fraternal organizations, and other African-American communal organizations. Counseling professionals who consider a seeking mode of service delivery use an aggressive outreach approach, develop relationships with institutions and organizations in the Black community, and lay the foundations for innovative and proactive mental health intervention with Black male clients (June).

The Promise of a Proactive Perspective

As mentioned previously, the goal of counseling African-American men traditionally has been rehabilitation as opposed to development. However, if counseling is to be a comprehensive and effective discipline for helping Black men, then the scope of services offered should be proactive and preventive in nature. Counseling practice must move beyond merely assisting Black male clients to react to negative environmental forces to a point where the goal of intervention is helping them develop mastery skills. Helping Black male clients develop such skills would enable them to confront challenges in a competent and proactive manner.

Central to the emergence of a proactive approach to counseling Black men should be the advent of a developmental perspective among mental health professionals. Danish (1980), suggested that when a nondevelopmental framework is adopted by counselors, interventions are directed at remediation. Crises and problems are to be coped with or adapted to, whereas with a developmental approach, counseling practice is aimed at enhancement or optimal development.

When counseling Black men, such a perspective should emphasize facilitating normal human development and fostering manhood identity

in a Black cultural context. Adopting the proactive stance inherent in a development approach can help counseling professionals promote mastery and competence in their interventions with African-American male clients.

Directions for Counseling Practice

Counseling professionals working with Black men in psychotherapeutic relationships must facilitate the process of client choice and change within an African-American cultural and developmental context. Counselors, therefore, need to be aware of intrapsychic as well as environmental factors that affect Black male development. What follows is a group intervention model for raising Black male consciousness. The overriding goal of the model is to help clients develop a positive sense of self as African-American men. This goal must serve as the basis for all counseling services and interventions with Black men. Only when Black men accept themselves and their masculine realities with a sense of understanding and pride, tangible psychotherapeutic gains are possible.

Black Male Consciousness-Raising Group Experience: "Reflections on The Native Son"

This model group experience is called "**Reflections on the Native Son**" and represents a nontraditional and innovative counseling approach designed specifically to increase awareness and promote skills associated with a positive Black masculine identity. The basis of the approach is a small group counseling experience. Significantly, the title for the group experience comes from the novel *Native Son*, the literary masterpiece by African-American author Richard Wright (1940). The book tells the story of the systematic psychological and social destruction of a young Black man by the racist American sociopolitical system. When it is considered in a mental health perspective, *Native Son* captures the powerful emotions, suffering, frustrations, and yearnings that generally typify growing up Black and male in America.

The dimensions of helping in this model evolve from the important aesthetic traditions inherent in African-American culture (Gayle, 1971; Pasteur & Toldson, 1982). Specifically, a significant feature of the model is the use of selected Black art forms as a therapeutic aid in the counseling process. Toldson and Pasteur (1972) contended that African-American art forms have important implications for the counseling process with

Black people. Using such forms of Black expressiveness as a fundamental part of the group intervention, the model stresses the strengthening of African-American male identity. It is based on a fundamental knowledge of the cultural realities of African Americans and their potential for the positive psychosocial development of Black men. This experience is a culture-specific approach to counseling African-American men that transforms Black expressiveness into positive psychotherapeutic experiences.

The model is a multisession developmental group consciousness-raising experience. It provides the opportunity for Black men to develop attitudes, insights, and skills to meet effectively environmental challenges that impinge upon African-American manhood.

In terms of general guidelines, the model has been developed in a seeking mode (Rappaport, 1977) for implementation in a variety of settings including churches, fraternal organizations, educational institutions, community mental health or social agencies, and prisons. A Black male facilitator is critical for this experience. Counselors should therefore make every effort to include competent Black men as co-facilitators whenever necessary. The experience is intended for Black men, 18 years of age or older. In forming groups, consideration should be given to making the membership as heterogeneous as possible in terms of age, socioeconomic status, occupational background, level of educational attainment, and so forth. Ideally, a group should have between 8 and 10 participants. The group experience should be conducted in an encounter format with few distractions, for as many hours as possible over a **minimum** of 3 days. In addition, during a group experience such as this, women should be discouraged from either observing or participating in the process to ensure an atmosphere conducive to optimal male bonding.

"Reflections on The Native Son"

General Purpose of the Model

The model is designed to help Black men raise their level of masculine consciousness. The experience aims to develop a supportive therapeutic atmosphere that will enable a diverse group of African-American men to explore thoughts, feelings, and behaviors associated with being Black and male in contemporary American society.

Phase I: Introducing the Group Experience

Goal: To have group members reflect on the challenges associated with being Black and male and to have them reflect on their masculinity from an African-American perspective.

Methods of Facilitation:

1. Have group members introduce themselves and discuss group ground rules. Encourage members to share of themselves and their life experiences and listen carefully to other participants as well. Emphasize that the group will be a supportive communal environment of "brothers."
2. Conduct a discussion of the participants' perceptions and possible misgivings about counseling. Ask the question, "How do you feel sitting here now with these other 'brothers'?"
3. Have the members listen to the song "What's Happening Brother?" by Marvin Gaye (Nyx & Gaye, 1971). Initiate a preliminary discussion of what is happening to "brothers" internationally, nationally, and locally.
4. Conduct a group exploration of the following questions:
   a) How do you see yourself as a Black man?
   b) What is important to you as a Black man?
   c) How do you feel about all those negative stereotypes of and reports about Black men? (e.g., Black men are shiftless, Black men treat Black women disrespectfully, Black men don't take fatherhood seriously, Black men are physically aggressive).

It is important to note that after this initial phase of orientation and exploration significant bonding tends to take place among the participants. The nature of the activities and questions elicits strong affect and leads to the beginning of deep levels of interpersonal sharing. These levels of sharing lead to group cohesiveness and high levels of group productivity.

Phase II: Examining the Hazards of Black Manhood

Goal: To have group members examine the psychological, social and health hazards confronting African-American men and their personal patterns of coping with them.

Methods of Facilitation:

1. Using data from sources such as the National Urban League, National Center for Health Statistics, U.S. Department of Health and Human Services, U.S. Department of Labor, and U.S. De-

partment of Justice, have the members review the psychological, social, and health status of Black men in contemporary society.

2. Have the members listen to a recording such as "The Message" by Grand Master Flash and the Furious Five (Fletcher, Glover, Robinson, & Chase, 1982), a contemporary African-American "rap" song that graphically details the environmental challenges affecting mental and physical well-being of Black people, particularly Black men. Relate the anger and frustration in the song to the lives of the group members. Explore with the group the origin and manifestation of the hazards to Black men's health and well being.
3. Share with the group recent articles in popular periodicals (e.g., *Ebony, Time, Newsweek, Essence*, etc.) about the "plight of the Black man." Conduct a discussion of the following question: "How does it make you feel when Black men are referred to as an **endangered species**?"
4. Show the film version of *Native Son* (Wright, 1986), or excerpts if time is a factor. Have the members relate the hazards the main character, Bigger Thomas, faces to their own experience as Black men in America. Have the members compare Bigger's emotions with their own.
5. In the oral tradition of African and African-American people, encourage members to share personal experiences of struggles to overcome, or attempting to overcome, threats to Black male well-being. For example, stories of substance abuse, involvement with crime, educational failure, or chronic under- or unemployment could be shared with the group. Ask members to consider two questions when listening to these stories of struggle and triumph: "How did being Black and male contribute to the struggle?" and "How did being Black and male contribute to triumph over the struggle?" Whenever possible, get older men to share their experiences with younger group members. It is especially important for the older members to share with the group the positive ways they found to cope with the anger, frustration, and depression that often accompany the African-American male experience.

Phase III: Exploring the Soul of a Black Man

Goal: To have group members examine roles, responsibilities, and relationships in their lives in an effort to gain a better understanding of their attitudes, values, and behaviors as Black men.

Methods of Facilitation:

1. Show excerpts, the entire film version (1961), or the recent Public Broadcasting System television version (1988) of Lorraine Hansberry's play, *A Raisin in the Sun*, the quintessential artistic view of African-American family life. Conduct a discussion about the group members' feelings about the lead male character, Walter Lee Younger. Have the members focus on their feelings about Walter Lee's relationship with his wife, mother, son, sister, and the White American social system. Get members to relate aspects of Walter Lee's life to their own lives.
2. As a follow-up to feelings and insights fostered by the film, discuss the following question: "What do you as Black men feel are your proper roles, duties, responsibilities, and obligations?"
3. Explore in depth the often problematic role of Black-man-as-father. Play the song "Papa was a Rolling Stone" by the Temptations (Whitfield & Strong, 1983) and explore feelings about the negative father images it contains. Use the following discussion questions:
   a) How do you feel about the men in your family?
   b) What are your feelings about your own father?
   c) If you have children, what kind of a father would they say you are?
   d) If you have a son(s) how do you think he sees you as a father and as a man?
   e) How do you feel about the common notion that Black men don't take fatherhood seriously?
   f) When you were growing up, who were your heroes/role models?
   g) Who are your heroes/role models now?
4. Explore the complex issue of Black male-female relationships. Have the members read or listen to taped readings of excerpts from the play "For Colored Girls Who Have Considered Suicide When the Rainbow is Enuf," by Ntozake Shange (1975). This work is a celebration of being Black and being a woman. It is a lyric and tragic exploration of Black women's awareness. Particularly useful are those parts of the play that deal with Black women's perceptions of negative relationships and interactions with Black men. Use the following discussion questions:
   a) How do you feel about the women in your family?
   b) How do you see and what do you feel about women who are lovers/friends?

c) What are the stresses and strains in your relationships with these Black women?
d) What are the points of solid and deep agreement between you and women who are lovers friends?
e) What angers you, hurts you, and brings you fulfillment in your relations with the significant women in your life?

5. To culminate the experience of self-exploration at this phase of the group process, conduct a discussion of the following questions: "As a Black man. . . .
a) what brings you satisfaction?"
b) what gives you purpose?"
c) what role does religion play in our life?"
d) what gives you a sense of spirituality?"
e) what makes you fearful?"
f) what makes you angry?"
6. As a final activity, ask each member to make a statement affirming his identity as an African-American man.

Phase IV: Concluding the Experience

Goal: To have members consolidate group cohesion and terminate the experience with a positive sense of Black manhood.

Methods of Facilitation:

1. Play the song "My Name is Man" by Grant (1972) from the African-American musical production "Don't Bother Me I Can't Cope." Discuss the meaning of the song and its relationship to members' new insights on their manhood. Explore the following questions:
a) At this point, how do you feel about yourself as a Black man?
b) At this point, how do you feel about each other as Black men?
c) What forces, situations, philosophies, or values unite you as Black men?
d) As you leave this experience, what are you going to do to make life better for yourselves and other "brothers"?

Intended Counseling Outcomes

This group experience is intended to provide a supportive therapeutic atmosphere for Black men to develop and experiment with new

attitudes, behaviors, and values. The following are among the more tangible outcomes of the experience:

1. To have group members develop greater appreciation for and understanding of their Blackness *and* their masculinity through a shared community of African-American brotherhood.
2. To have group members critically analyze the image of African-American men.
3. To have group members reassess their notions of masculinity within an African-American perspective.
4. To provide group members with a forum for the healthy ventilation of feelings of anger and frustration associated with the sociocultural challenges to Black manhood.
5. To have group members develop and share proactive strategies to challenge self-destructive and high-risk behavior patterns.
6. To reinforce among participants the notion of responsible fatherhood.
7. To have members explore the nature of positive interpersonal relationships with African-American women.
8. To have members develop the attitudes and skills to make positive contributions to the optimal development of Black men.

Follow-Up Experiences

After such an experience, the participants would benefit from organized group interaction with both their Black female counterparts and their White male peers. Group experiences with Black women might include exploration of the nature and importance of positive interpersonal relationships. Such experiences should incorporate traditional African-American notions of community into the interactions to develop greater interpersonal respect, trust, and understanding between Black men and women.

Group experiences with White men should promote male interpersonal appreciation and understanding across ethnic lines. Especially important would be explorations of the commonalities and differences in male socialization and life experiences among Black and White men.

Conclusion

No counselor should attempt to conduct an experience such as this with Black men unless he is perceived as being empathic and sensitive

to human diversity. The challenge for any counselor attempting to raise levels of consciousness among Black men as a developmental therapeutic experience is to have a thorough knowledge of past and contemporary African and African-American history, a complete understanding of the sociocultural challenges to Black male development, and a solid comprehension of the Black experience.

This chapter addresses three men's journeys. These journeys are particularly difficult because of the impact of sex roles as well as the press of two cultures.

Chapter 11
EXPLORING THE MACHO MYSTIQUE: COUNSELING LATINO MEN

Fernando J. Gutierrez

The purpose of this chapter is to highlight issues associated with Latino culture and Latino male development. Montalvo & Gutierrez (1984) advised that the therapist might gain a better understanding of the client by focusing on the broader processes of acculturation rather than on the client's cultural uniqueness. Valdes, Baron, and Ponce (1987) supported Montalvo and Gutierrez by stressing the need to address the uniqueness of Hispanic men in terms of degree of cultural commitment and preference for Hispanic culture versus the Anglo-American culture. Additional factors include language usage, generational level, racial/ethnic group, attitudes toward their own Hispanic group, and machismo.

Case studies of three Latino men are presented that illustrate how each of these issues affect men at different developmental stages in their lives, and to show how counselors can assist their clients in moving through this developmental process. Each of these men was seen for clinical issues. It will be important, however, to focus on their developmental process and how this process affects the resolution of clinical concerns as well as how clinical concerns affect the bicultural components of developmental processes.

Machismo

Machismo can be viewed from two different perspectives, Hispanic and non-Hispanic. Valdes et al. (1987) warned that although chauvinism and sexism exist in the Hispanic culture, there is doubt as to whether it is more prevalent among Hispanics than among men from other cultures. In fact, Cromwell and Ruiz (1979) showed that within Mexican and Chicano families, the data do not support the stereotype of macho dominance in decision making.

Valdes, et al. (1987) noted that the original definition of the word *machismo* included the qualities of gallantry, generosity, charity, and courage. Ruiz (1981) further identified the positive qualities of dignity in conduct, respect for others, love for the family, and affection for children.

From a non-Hispanic perspective, the definition of machismo has been syncretised to imply physical aggression, sexual promiscuity, dominance of women, and excessive use of alcohol. The source of these attitudes within Anglo society has been attributed to acute feelings of inadequacy and guilt, fear of aloneness and weakness, and the need to dominate others in order to deny one's own weakness, extreme dependence, and regressive undertow (Aramoni, 1972). This syncretism could be the result of class differences, pressures, and needs (De La Cancela, 1986).

The Hispanic perspective of machismo behavior corresponds to attributes of "knighthood" (Valdes et al., 1987). These attributes imply that a man has had a noble education and ample resources to share. The nobleman also acquires self-esteem through occupational and financial status.

The non-Hispanic perspective of machismo behavior describes a man who has not had the opportunities of the nobleman and is reacting to feelings of low self-esteem and a sense of loss of control that can only be regained by physical prowess and domination of women.

The enormous class differences among the "haves" and "have-nots" in Latin American countries and the lack of opportunities for advancement for Latinos in the United States aid to perpetuate the non-Hispanic view of machismo among Latinos. Both of these ecological phenomena contribute to feelings of low self-esteem, fear of weakness, loss of control, and extreme dependence. The result for many Latino men is dysfunctional macho adaptation.

De La Cancela (1986) advocated an analysis of machismo based on socioeconomic status that would integrate psychological, cultural, and sociopolitical views of machismo. Such an ecological approach to counseling Latino men can assist counselors in working with their clients in such a way as not to take the clients out of the context of their reality.

We will meet Andres, a young man dealing with issues of separation from the family. Next, we will see how Jose adjusts to life in the United States and the pressures that acculturation have on his family. Lastly, we will explore how Antonio adjusts to his wife's loss of health due to an industrial accident, which caused an imbalance in sex roles in their relationship.

Andres

Andres is a predominantly English-speaking 20-year-old Salvadorean man who is living at home and attempting to separate from his family. Andres is the middle child in a working-class family of three. He has one older brother, 28, who had his own apartment but recently moved back home because of illness; and a younger sister, 17, who moved out of the house and is living with a girlfriend. Andres's father was physically abused as a child and has physically abused Andres in the past. Andres's mother is a housewife and a practicing alcoholic. Andres was referred by his physician because of panic attacks after an incident with cocaine use. Andres must often express himself in Spanish, especially when the topic is emotionally laden. Malgady, Rogler, and Costantino (1987) found that when a client is anxious or stressed, the client most often reverts back to his or her language of origin.

While growing up, Andres had low self-esteem. He reported that he was always self-conscious about his facial features because they made him look too Hispanic and they set him apart from other children. After the age of 9, Andres's childhood pictures showed a dramatic change. He no longer smiled. He reports that during that time, his father had begun to abuse him physically.

Andres dropped out of high school when he was a junior. He did not go to work; instead, he would hang out with his friends who had also dropped out of school. They drank alcohol and smoked marijuana together. Andres was also introduced to experimentation with cocaine. He began to have fantasies that he was possessed by the devil and experienced panic attacks. This scared him.

From the therapist's clinical experience, panic attacks can be a way for clients to avoid feelings of anger. The therapist's main goal was to help Andres stabilize through emotional support and referral for medication. Andres did not like the idea of taking medication so the therapist contracted with him to do biofeedback training. Andres's panic attacks were reduced by the relaxation exercises. Biofeedback training is a treatment that places the therapist in an active role, which is culturally relevant to Latino clients (Ruiz, Casas, & Padilla, 1977).

The therapist also referred Andres to Al-Anon meetings for Adult Children of Alcoholics. Andres enjoyed the group support these meetings provided. Andres began to deal with his own issues of alcohol and drug abuse. In AA, he also found others with similar interpersonal and intrapsychic problems.

As trust built between Andres and the therapist, Andres felt safer in verbalizing the anger that he had been acting out. Andres was the

scapegoat in the alcoholic family and had vowed to hurt his dad as much as his dad had hurt him in his early childhood. He was going to accomplish this by not giving his dad the satisfaction of seeing him make it in the world.

Andres was presented a chart that listed five family roles and characteristics of adult children of alcoholics outlined by Wegscheider (1981). These five roles include: (1) the responsible child; (2) the lost child; (3) the mascot; (4) the placator; and (5) the scapegoat. He immediately identified the roles that he played in his family and was also able to identify the roles that his brother and sister played.

From a Latino perspective, Andres's brother, being the oldest boy, was playing his correct role as the responsible child and placator. He would take over when dad was not able to fulfill his role as head of the household. However, Montalvo and Gutierrez (1984) warned against the therapist's restricting attention to only certain aspects of a person's culture. This restricted attention can act as a cultural mask of dysfunctional family interactions that the therapist can misinterpret as a cultural norm, thus missing a significant treatment issue. Although the responsible-child role of Andres's older brother might seem culturally relevant, this role actually served to mask the father's lack of participation in the family as the head of the household and the dilution of his role in the family to only that of an economic provider. Andres's sister, Maria, was the lost child, and Andres held the mascot and scapegoat roles.

In a sense, he adopted these roles and behaved in such a way so as to reinforce others' perception of him in these roles. For example, Andres exhibited impulse control problems within the context of therapy. One day Andres came into a session and asked the therapist if he like the T-shirt he had just bought on the way to the session. It turned out that he had used money that his father had given him to pay for the session to purchase the shirt. He had transferred his relationship with his father to the therapist. The therapist was supposed to not only provide for Andres's needs but allow him to be irresponsible in his actions. By setting limits with him and giving him feedback about his inappropriate behavior, the therapist helped Andres learn to deal with limits.

Andres and his sister were the most acculturated of the children. They looked to their peers rather than their parents for relatedness, thus undermining their father's authority. Rather than exercising his authority, Andres's father abdicated it and allowed the household to get out of control. Andres's role was to act out in an attempt to engage his father back into the family.

At one point, Andres panicked, and he left home to go and live with his aunt and uncle in another city. This speaks to the Latino value of "familismo," a valuing of the extended family and its potential for

support (Levine & Padilla, 1980). However, from a dysfunctional family perspective, this support, which was culturally appropriate, was now interfering with Andres's recovery from the dysfunctional family system because it reinforced Andres's geographic escape from his problem and transferred the dependence to the extended family.

When Andres came back, the therapist attempted to engage his family in family therapy without success. He met with Andres's father in order to bring him back into the role of the head of household. He was too defensive in denying his wife's alcoholism to want to take on this role. Perhaps it would have been better to have met with both parents. Perhaps speaking to the mother's sense of responsibility as a mother and using her concern for her children as leverage may have brought them in, and the therapist could have helped to restructure the family and place the parents back in charge, as suggested by Fishman, Stanton, and Rosman (1982), although the mother's alcoholism may have prevented the success of this approach.

Andres continued in individual therapy but began fearing that if he changed, he would be ostracized by the family. He requested to have a session with his brother in an attempt to engage his brother in recovery so that he would not be the only one. He also wanted to utilize the session to explain to his brother why he was angry and why he had been acting out in the family.

Andres began to improve after having witnessed an elderly woman become injured in a car accident. He was able to calm the woman down and provide a police officer with an accurate eyewitness report. His situation enabled Andres to see himself in a positive light.

Gutierrez (1981, 1985) discussed the need for bicultural individuals to renegotiate the identity versus identity diffusion stage from a bicultural context. In this case, Andres was working through his negative self-image, his "evil" identity, and was getting in touch with his ego ideal. He discovered that he was a likeable person who could obtain validation for doing good deeds. He did not have to act negatively in order to be validated. As Andres's self-image improved, he began to accept himself and his Hispanic features. He learned he did not have to apologize for being who he was.

This improvement scared him. He started missing his sessions and becoming irresponsible again. This coincided with the Christmas holiday, a time when his mother would drink more and the family tension escalated. The therapist was able to give feedback to Andres regarding the family dynamic and how it triggered a relapse. The therapist remained consistent and established a written contract with Andres to make it clear that Andres was financially responsible for the sessions if he did not show up, requiring that he take responsibility for his life and his sessions with the therapist.

Andres enrolled in a business college and attended classes regularly, did his homework nightly, and was well on his way to a 4.0 average. During one of the therapy sessions, he talked about the serenity he was feeling. He also talked about how he was budgeting his money so that he could move out. Suddenly he had an intrusive thought of wanting to kill the therapist because the therapist was using analogies like Andres's brother. He experienced his brother as trying to manipulate him through the use of analogies.

Andres acknowledged that he was scared of becoming intimate. Threatening the therapist was an attempt to sever the relationship with the therapist so that he could go back to his old ways. After assessing the potential danger to himself, the therapist remained consistent with Andres and reassured him that the relationship would continue. Andres was also reassured that the therapist was confident about Andres's capacity for self-control.

A month later, Andres's brother, who was ill with cancer, took a turn for the worse. Andres felt guilty that he was doing so well while his brother, the family hero, was doing badly. Andres again responded by trying to run away to his aunt's house. Unconsciously, he was reenacting his old self again, thinking that if he sacrificed himself he could spare his brother.

The therapist, using provocative therapy, confronted Andres about his continued unwillingness to accept responsibility for his behavior (Farrelly & Brandsma, 1974). Andres was unconsciously using his brother's situation as an excuse to continue his behavior. Andres smiled at the therapist and owned his behavior. He surrendered to his powerlessness over his family. It took Andres almost a year and a half to resolve the dichotomy of trust versus mistrust. He was now ready to move into the next stage of development, autonomy versus shame and doubt.

Andres teamed up with an AA sponsor who offered him a subcontractor job in his business. Andres began to work regularly and contributed part of his income to his mother for food and a portion to his father for rent. He even began to pay for his own therapy sessions.

This case study parallels the developmental process of a 2-year-old child who is trying to separate from his parents. He runs away and comes back to make sure mommy and daddy are still there even though he is trying to accept himself as separate from his parents. In a bicultural context, as Gutierrez (1981, 1985) pointed out, this is a very difficult process. It calls for the supportive counseling of a therapist who is knowledgeable with both cultures in order to uncover the cultural masks.

Through the transference, the therapist becomes the pseudoparent, setting limits and supporting the client while the client deals with the fear of abandonment. The therapist gives the client feedback about the client's behavior and its appropriateness within the cultures in which the

client is operating. The therapist allows the client to assimilate and accommodate these changes into his or her personality and allows the client to separate from the therapist, teaching the client that she or he can achieve individuation.

Jose

Jose is a 37-year-old bilingual man who came with his wife and three children to the United States from Puerto Rico 6 years ago. He holds a bachelor's degree in science from a university in Puerto Rico. Jose is working full-time as a department manager while going to school part-time to pursue a graduate degree. He was recently separated from his wife due to his alcoholism and a battering incident that occurred as a result of his drinking. He was referred by the alcoholism agency to work on domestic violence behavior.

Jose, the oldest child in a family of five children, was characterized as a "good" boy. He always helped with the chores around the house, did well in school, and went to college. He had the responsible and placator roles described earlier (Wegscheider, 1981).

Jose's family did not support his college attendance. They felt he should get married and start his own family. Jose married a neighbor, to whom initially he was not attracted. The pressures of college and his new marriage led Jose to start drinking as a way to relax, and thus a pattern of alcohol abuse began. This coping behavior is consistent with the findings of Panitz, McGoldrick, Sauber, and Fonseca (1983), who reported that machismo behavior may generate dysphoric states that are remedied by alcohol abuse.

After graduation from college, Jose and his family moved to the mainland to find better job opportunities and create a better life for themselves. By now, Jose had two children. Because of his alcohol abuse, Jose became emotionally distant from his wife and on one occasion he battered her while he was under the influence of alcohol. He also had an affair with another woman.

Recently his wife became pregnant with their third child and had an abortion without consulting Jose. Jose felt betrayed, went on a drinking binge, and returned home to batter his wife again. She called the police and he was taken in handcuffs to jail. She went to a women's shelter with her children. This was particularly disturbing for Jose because he perceived himself as having been responsible and not having had trouble in the past, and he prided himself on his "good" image.

Jose entered an alcoholism treatment program. When he was stabilized, he entered counseling for battering. Jose's motivation to enter

counseling was to get his children and his wife back. Because he was working with his alcohol problem, he felt he would be all right as long as he did not drink. Cessation of drinking, however, does not necessarily mean that a man has dealt with the way he expresses anger or the way he deals with his sense of powerlessness.

The focus of the therapy was to help Jose shift his goal of getting his family back to one of focusing on himself. This therapeutic focus is consistent with the First Step of AA that one is powerless over people, places, and things (Alcoholics Anonymous World Services, 1976). It is also consistent with the Serenity Prayer that asks for assistance to accept things one cannot change and the courage to change the things that one can. The therapist helped Jose to see that he had power to change his own behavior.

Jose began speaking in English, even though he was more comfortable in Spanish. This was his attempt to distance himself from his feelings. He was also having difficulty understanding the therapist and would often misinterpret what his therapist was saying. The therapist intervened and asked Jose if they could switch to Spanish. This facilitated the bonding between the client and therapist.

Because Jose was college educated, the therapist was able to utilize bibliotherapy as a technique. Often counselors are so used to working with educated people that they assume that this technique is acceptable to everyone. Some Hispanics, however, have not had much education, and this technique would not be appropriate.

The therapist recommended an anger work-out book (Weisinger, 1985) to Jose. Jose faithfully completed his assignments. He was seeing options that he had not been aware of in expressing his anger.

Jose kept trying to minimize what he had done, especially in comparison to what his wife had done to their unborn child, according to Jose. He had to learn that no event justified his becoming violent with his wife and that he had options on how to deal with his wife's "betrayal."

Figueroa-Torres and Pearson (1979) explained that aggression seems to be related to skill deficits that can be addressed through behavioral approaches such as modeling alternative coping responses, reinforcing nonaggressive actions, and developing of new behaviors that result in reward.

Jose voiced feelings of loss of his children, especially his 8-year-old son, who was named after him. This is particularly significant because Jose had never really had a childhood. He had become an adult at the age of 8. Often Latino children must work at an early age in order to help support the family.

Jose lived his childhood through his son, and any nurturance he received as a "child" came through his son. The therapist assisted Jose

in grieving not only the separation from his son but also the loss of the childhood that he never had. Jose began to realize how perfectionistic he was with himself and others. Because of this, Jose absorbed much stress in life.

When they came to the mainland, Jose not only had to deal with the stresses of a change in culture and a new job, but economically he also had to help his family of origin in Puerto Rico. Other relatives from his side of the family and his wife's side of the family also wanted to come to the mainland and use Jose's home as an entry point until they became settled. Because they were unfamiliar with the culture and the environment, Jose had to take the time to help them look for work.

Many of Jose's family members were also dealing drugs as a way to make money and survive on the mainland. Jose became peripherally involved in supplying drugs to two clients. The clients were not eating properly and Jose felt so badly for them that he would feed them when they came over to pick up their drug supply. Jose even adopted one of the children of a client as a foster child because he felt sorry for the child. The child was taken away by Child Protective Services because of the battering incident. Now the child's mother wanted Jose to claim that the child is his so that he could regain custody.

The reality of the scenario just presented depicts how some Latino men can lose their self-esteem and their sense of control. This results in feelings of weakness and defensiveness. The sex role demands can be particularly strong for Latino men. Rather than viewing Latino men negatively, it is important to recognize that their behavior is a function of culture, racism, and their own actions. This point was addressed by De La Cancela (1986). This understanding of the reality of Latino men enables the therapist to deal compassionately with them so that they can feel supported in their quest for healthier coping mechanisms.

The therapist introduced Jose to the concept of the child within (Whitfield, 1987). Jose had to learn that he had an inner child within him who was yearning to be taken care of and who had been abandoned. Jose needed to become assertive and set limits to the requests from his family. He had to realize that living through his son allowed his son to be nurtured but at the same time it placed a burden on his son to perform for him, as Boszormenyi-Nagy and Spark (1984) discussed. It also left Jose empty because his satisfaction was solely in giving and not in receiving.

Jose had a difficult time visualizing the child within. The therapist suggested that he go to a toy store and pick out a stuffed animal or a doll made for little boys to bring to his therapy sessions with him. This technique is powerful with men because it brings them out of their heads, their intellect, and into their hearts, their emotional center. They actually get to touch their child within, to cradle him, and care for him in vivo

The technique works in helping the men sort out what characteristic they want in their representation of that child within, thus solidifying the identity of that child. One would think that "macho" men would be turned off by this technique. Because it is an assignment from the therapist, however, many opt to experiment with it. It has become an in-house joke for these men to see other men coming in and out of the office with paper bags because they all know what is inside.

Jose has shown dramatic improvement since he has been taking care of his inner child. He sets limits at work, with friends, and with family. He now has more time to relax and work out at the gym. He is more able to be in touch with what he feels, and reports thinking before acting on his feelings. He has learned that he has choices and that he has his own needs and desires that he can meet or have met without feeling loss of control or fear of abandonment.

Further counseling will continue, but Jose is well on his way to recovery. Whether Jose will reunite with his family is uncertain at this point, but Jose's empowerment is helping him to live his life, not react to it. He can be a macho in the original Hispanic sense of the word: a noble man.

Antonio

Antonio is a 65-year-old, monolingual Spanish-speaking Mexican-American man who has lived in the United States for 30 years. He has been married for 32 years and has six children. Six years ago, Antonio was involved in an industrial accident and had to go on disability. His wife, Marta, also worked.

Antonio worked hard while he was employed, often putting in overtime. He left the house at 5 a.m. and did not return until 8 p.m. As a result, he did not spend much time with his family. Marta, also, worked outside of the home in addition to taking care of the children and doing household chores. She sacrificed herself for her children and her family and attended to the majority of their needs.

Two years ago, Marta was also in an industrial accident, hurt her back, and was in excruciating pain much of the time. She had to be sedated in order to sleep.

Marta was referred to the therapist by her physician because she had a nervous breakdown during which she attacked her husband with a knife. She had also awakened in the middle of the night and had begun to cut up her hair in front of the bathroom mirror. She does not remember the incident.

After several therapy sessions, Marta confided in the male therapist that her husband had had sexual relations with her one evening while

she was asleep and sedated. She felt violated and was outraged at her husband's insensitivity.

Antonio now had to do all the housework. He had never done housework before and he did the best he could. For example, when he made the tortillas, instead of making several thin tortillas, he figured that if he made a few thick ones, he would have to make fewer of them. Marta would become frustrated with Antonio over this because the tortillas looked more like pizzas. Antonio had become her hands and she felt frustrated that Antonio could not take care of the family the way she could. The frustrations over her own and her husband's limitations caused her to take it out on her husband's inability to do housework.

Antonio was angry with Marta because of her total dependence on him. Their sexual relationship had been totally shattered and his sexual needs were not being met, so he withheld affection.

After Marta became more stable, the therapist invited the couple to begin couples therapy to address the adjustment disorder that the accident had caused in their relationship. Antonio and Marta met as a couple once, but Antonio refused to continue because Marta was "the client." He wanted her back to her original condition.

Both Antonio and Marta denied the permanence of her condition. Each wanted the other to change. Marta wanted Antonio to stop resisting the housework and to do it properly, and Antonio wanted Marta to get well so she could go back to her role of family caretaker and sexual partner.

One day the therapist talked to Antonio alone, midway through a therapy session with Marta, and confronted Antonio about his denial. The therapist explained to Antonio that he, the therapist, could not do anything about Marta's back problem, and that his role was only to assist them cope with their present condition. The therapist was supportive about Antonio's dilemma regarding the perfectionistic pressure from Marta to do the housework. He also talked with Antonio about exploring other methods of sexual relations besides penetration.

Marta felt unattractive and useless. She complained that her husband was affectionate with her only when he wanted to engage in sexual relations. Antonio confirmed this fact. The therapist worked with Antonio to change his ways, and Antonio began to demonstrate more affection to Marta.

As Marta and Antonio began to accept the accident, they stopped using each other as scapegoats for their anger at the loss of Marta's health and began to be more supportive of each other.

Marta learned to be less demanding of Antonio and not to expect him to know what her needs were. She had to learn to ask for what she needed, something she had not been used to as the caretaker who had denied her own needs throughout her life. She also had to lower her

expectations about Antonio's ability to do housework according to her standards.

The therapist pointed out to Marta that the demands on Antonio were as if they were on a ship and all of a sudden a wave tipped the boat and all the cargo shifted over to his side without warning. She had become accustomed to her responsibilities gradually. In fact, she learned that she had taken on so many responsibilities because it gave her more power in the relationship. Meanwhile, she spoiled Antonio into being responsible only for the economic needs of the family.

Antonio had gladly given up his responsibilities for the affectional needs of the family. In therapy, Antonio learned that he had had this pattern since childhood. His mother died when Antonio was 7 years old, and he was raised by his grandmother and his father. His father had been emotionally unavailable, and Antonio felt isolated as he was growing up. At the age of 15, Antonio left home and took care of himself. He shut down emotionally to avoid the pain of his losses as he was growing up.

Marta's accident disrupted a dysfunctional system that had been in balance for 30 years; however, the positive outcome of this accident was that Antonio and Marta are learning how to be a couple in a more functional way, and Antonio is learning how to become more affectionate, which frees him to become more involved with his family.

Antonio's prognosis seems hopeful. Davis and Chavez (1987), found that when there is functional necessity, Hispanic men tended to accept and adjust to the househusband role.

Conclusion

The three cases just presented address three men's journeys. The specific demands of their bicultural status contributed to the stress in their journeys. A therapist's ability to understand the bicultural context as well as the dynamics of the dysfunctional family patterns helped these men cope with the realities they faced.

Andres learned to take less responsibility for his nuclear family and is developing self-esteem. He learned how to say goodbye to his parents without severing his relationship with them, to live the paradox of detachment with love. He is learning to be a man and is learning to accept his Hispanic side, which he had always associated with negative stereotypes.

Jose is learning to take less responsibility for his extended family, to set limits in his own family, and to express his anger in a more appropriate way. He is also learning to deal with his alcoholism.

Antonio is learning not to run away from his pain and his feelings. He is also learning how to share responsibility and make and respond to requests in an assertive manner.

In any culture, when people do not have balance in their life, they will become dysfunctional. It is important for counselors to assist their clients in achieving this balance.

Counselors need to be aware that differences in the way Asian American men conceptualize problems can produce difficulties in treatment.

Chapter 12
CULTURE IN TRANSITION: COUNSELING ASIAN-AMERICAN MEN

David Sue

This article will present an overview of issues related to counseling with Asian-American men. Before we begin, however, several points have to be made. First, the Asian-American population is composed of over 25 distinct subgroups, each of which may differ in terms of values, language, religion, and customs. Second, within-group differences are large and include differences in degree of assimilation or acculturation, generational status, or native born, refugee, or immigrant status. Such diversity in groups labeled Asian-American limits the extent of generalizations that can be made. Most individuals in these groups, however, share certain common values, and these will be presented. Traditional Asian values are likely to play a continuing role for Asian men in the United States. There is a continuing arrival of immigrants and refugees from Southeast Asia. Since 1975, over 700,000 refugees from Southeast Asia have entered the United States. These populations ensure the continuation of traditional values. Also, Asian men seem to acculturate less rapidly than do Asian women. The large number of Asians who are arriving in America is changing the characteristics of the Asian-American population. For example, over 60% of the Chinese in the United States are now recent immigrants. Asian Americans constitute a highly heterogeneous population composed of fully acculturated as well as traditionally oriented individuals. With this limitation in mind, however, I will focus on: (1) the family structure and values of traditional Asian Americans, (2) counseling approaches based on these values, (3) the impact of differences in acculturation and ethnic identity in Asian Americans, (4) special problems Asian men face, and (5) treatment strategies.

Family Structure and Values

The family structure of many traditional Asian-American families is prescribed in a hierarchical manner. Older generations are given

an elevated status. Men are also accorded a higher status. Within the family, the dominant member is the father, although he is subservient to his parents and grandparents. The oldest son is generally accorded the second highest status. Male family members are expected to have primary allegiance to the family of origin and are responsible for carrying on the family name. Even when they marry, their major obligation is to their family of birth—spouses and children are of secondary importance. Women are expected to assume nurturing roles and to be subservient to men. When they marry, their primary allegiance is expected to be to their husband and his family. Therefore, greater expectations are placed on men to carry on the family traditions.

A counselor with a Western orientation may encounter some difficulty dealing with a male-dominant and hierarchical family situation because personal choice and equality of relationships are often seen as positive goals in counseling. The appropriate response to cultural differences needs to be determined carefully. Kitano (1989) discussed a case of a middle-aged immigrant woman who was treated for depression. Part of the treatment involved having her become more independent and assertive. These goals fit the Western model of mental health. However, questions can be raised about the appropriateness of this approach. What impact did the treatment have on her husband and family? Would her becoming more assertive and independent interfere with the hierarchical structure of the family?

In the traditional Asian family, children are expected to be obedient and to refrain from expressing strong emotions that may be disruptive to the family process. Individual desires and wishes are less important than the survival of the family. The behavior of the individual reflects on the character of the entire family. Behaviors such as disobedience to the parents, academic failure, or mental illness reflect upon and bring shame to the entire family. Admonitions of guilt and shame are the primary means that parents use to control their children. Obligations to the parents are continually stressed. Men, especially, feel the responsibility to maintain family traditions and values.

In working with an Asian family, a counselor must be able to identify his or her own values and their impact in therapeutic interventions with Asian clients. In one case, a Chinese family was referred to a counselor because of acting-out behaviors of their teenage son. During the family session, the father seemed uncomfortable and noncommunicative. Both the son and the mother were able to talk about the conflicts at home. The counselor came to view the problem as the father's being too restrictive and controlling of the son's behavior. She addressed questions to the father about his views of child rearing. He indicated that the problem was the bad behavior of the son. The mother seemed uncom-

fortable with the questions the counselor raised. The family did not return for further sessions.

What could have been done in this case? Several problems interfered with the success of the counseling session. First, the father as the head of the family should have been addressed first. Because he is the representative of the family, attempts to find out his perspective of the problem would have maintained his status. In Western families, where there is more equality in relationships, having family members respond before the father is less of a problem. Second, allowing the son to voice complaints to his father was an affront. The counselor should have taken an active part in structuring the son's response in a manner that was more acceptable to the father. Jung (1984) reported a case study in which a different approach was used in dealing with an Asian family whose son had also been referred because of behavioral and school problems. During the session, Mr. and Mrs. W.'s definitions of the problem were elicited first. The father complained that his son was angry, rebellious, and stubborn. To lend a more positive note, the counselor also asked about positive aspects about the boy. The father added that his son was intelligent and could succeed if he applied himself. He also added some additional observations about his son. The son was asked if the description was accurate. He said, "Yes," and was surprised that his father knew him so well. The father was then asked what he expected of his son. The father indicated some of the problems he faced living in the United States and indicated that he was apprehensive that his son was beginning to adopt American customs. He wanted his son to succeed but also to remember his family. John, the son, was asked if he knew of the hardships that his father faced and the parents' concern that they were losing him. He said that his father had never mentioned these to him, but felt that his father was old-fashioned. The counselor gently admonished John for using this term for his father, indicating that the father's behavior reflected traditional Asian values. The counselor then asked John to relate his ideas to his parents on how the relationship could be improved. With the counselor functioning as a mediator, the father acknowledged that his son did have many good qualities. The son also understood some of the reasons his father acted the way he did and that his father did want him to succeed. During the subsequent sessions, with the appropriate respect established, both father and son indicated a willingness to make some changes. The father became more flexible in areas in which his son had demonstrated responsibility, and their relationship continued to improve.

Another case, reported by Sue and Morishima (1982), involved a family with the therapy initiated by the wife.

> Mrs. C. sought treatment at a local mental health center. She was depressed and tearful. She related that she and her

husband had recently immigrated from Hong Kong to the United States. Their marriage had gone well until her husband succeeded in bringing his parents over to live with them. Although Mrs. C. was not enthusiastic about this living arrangement, she accepted the necessity of helping his parents.

Unfortunately, Mrs. C. found out that she was expected to serve her husband's parents. She was expected to do all the cooking, washing, and other household chores. Her mother-in-law also would complain that Mrs. C. was not doing a good job. Mrs. C. would tell her husband about her unhappiness. He responded by saying, "They are my parents and they're getting old." The husband tried to avoid the conflict but would side with his parents when pressed.

From the Western perspective, the situation might seem to be patently unfair for Mrs. C. The attempts might be to try to help her develop a greater sense of personal happiness and to discuss the problem with her husband's parents directly. Such an approach might have produced unproductive family conflict. From Mr. C.'s perspective, he was fulfilling the traditional cultural expectation. He owed responsibility to his parents and was doing what was expected of a "good" son. His wife's concern was secondary to his obligation. Instead of a direct approach, the clinician decided to work through a mediator. In questioning Mrs. C. it was discovered that she thought her uncle (the mother-in-law's older brother) was a sympathetic individual. His help was enlisted. He came over for dinner and explained to his sister in private that Mrs. C. looked tired and unhappy. The mother-in-law was surprised to hear this and said that Mrs. C. was doing a good job and was a good wife. The indirect message was understood and the mother-in-law diminished her criticism and even began to help out with the chores.

When this approach is described to many counselors, they indicate some feelings of discomfort with the solution. Many feel that Mrs. C.'s personal needs were still not being met and she was merely adapting to an environment that did not allow her greater self-expression. Certainly, if Mr. C. was willing to come in for counseling, other accommodations could be made. The counselor might indicate an understanding of the conflict that Mr. C. was facing and even praise him for fulfilling his obligation. Within this framework, the counselor might ask Mr. C. his view of the problem and suggestions for improving the situation. Again, within traditional Asian families, when both spouses are present, it is very important to address the man first before the woman, even though women may be more ready to talk about personal difficulties.

Asian Americans also display a different personality pattern from Caucasian Americans. These differences seem to stem from cultural

values. Studies have reported that Asian-American men as opposed to Caucasian men score lower on self-assertion (Fukuyama & Greenfield, 1983), display greater anxiety in situations requiring assertiveness (Sue, Ino, & Sue, 1985), are more likely to score higher in introversion, passivity, self-restraint, and deference (Abbott, 1987; Bourne, 1975; Conner, 1975; Sue & Kirk, 1973).

The personality characteristics Asian-American men display are thought to be a result of the cultural values that emphasize the need for control of emotional expression, self-control, sensitivity to the reaction of others, and the need not to behave in a manner that would reflect badly upon the family. Several points have to be made, however. First, not all Asian-American men fit this pattern. Large within-group differences exist. In the Sue et al. study (1985), many Asian men scored similarly to their Caucasian counterparts on personality measures. Second, Asian Americans do display a wide range of emotional reactions such as anger, insecurity, and jealousy to a number of different situations. Third, personality descriptions such as "passive" and "introvert" are considered negative in Western cultures, whereas in Asian cultures they are seen as virtues reflecting filial piety (respect and obligation to parents), modesty, and respect for authority. Certainly an individual who displays nonassertiveness because of cultural values is different from a person who is nonassertive because of insecurity or passive-aggressive tendencies. In Western culture, assertiveness and emotional expression are seen as positive characteristics. A counselor who works with an Asian man who displays emotional restraint might want the client to become more expressive. For a traditional Asian, this may lead to increased feelings of conflict.

The way people view behavior is influenced by their cultural perspective. The importance of this influence is revealed in a study by Ta-Repac (1980). She studied the impact of cultural interpretation on ratings of Chinese and Caucasian clients by Chinese and Caucasian therapists. The clinicians were asked to rate both sets of videotapes of client interviews. In general, Caucasian therapists rated Caucasian clients more positively than Chinese clients. The reverse was true for Chinese clinicians. Caucasian clinicians were more likely to use terms such as "anxious," "awkward," "confused," "inhibited," and "less social poise" to describe Chinese patients, whereas Chinese clinicians used terms such as "dependable," "reliable," "friendly," and "alert" to describe the same individuals. Chinese therapists also perceived Caucasian patients to be aggressive. This study certainly supports the idea that culture plays a role in how people view behaviors.

It is important for counselors to be aware that some Asian men do express a desire to become more assertive. Many experience feelings of discomfort in social situations and with authority figures. To deal with

this concern, typical assertiveness training workshops can be modified. The initial focus of discussion during training is on the influence of traditional values on behavior and their positive influence. The values of respect for elders and gentleness are discussed, as is the importance of maintaining such values. Situations in which these behaviors may be nonfunctional, such as being silent in the classroom or overly modest during job interviews, are then presented. The ability to demonstrate differential nonassertiveness is discussed. In other words, the individual can choose to be deferential with parents, relatives, and in other such situations but can be assertive in others (with professors, employers, etc.). In the Sue et al. study (1983), many of the Asian-American men were not globally nonassertive but were instead situationally nonassertive. They were assertive with peers and in certain situations. Programs that help Asian men discriminate appropriate and inappropriate situations for being assertive can be an important component of a positive therapeutic intervention.

Acculturation and Ethnic Identity

Most of our discussion has revolved around individuals holding traditional values. As we mentioned earlier, Asian men are heterogeneous in terms of the degree of acculturation and commitment to cultural identity. Many third-, fourth-, and fifth-generation Asian Americans have acculturated and retain few of the values and attitudes of their ethnic groups. Kitano (1989) stated that Asian Americans vary on two important dimensions—assimilation (process of adopting the values and customs of the dominant culture) and ethnic identity (the retention of ethnic values). Individuals can be high or low on each of these dimensions. Types of problems an individual faces can vary according to these two dimensions, and a counselor should be aware of these differences. Four different patterns can be distinguished:

High Assimilation, Low Ethnic Identity

Asian men in this group may be nearly Americanized. They identify fully with American values in dress and behavior and have little or no facility with their Asian language. Many have married outside of their ethnic group and have an egalitarian relationship with their spouse and children. Problems individuals in this group display are similar to those the majority group members display. However, ethnic consciousness may remain. For example, even fourth- and fifth-generation Asian-American children have a more negative feeling about their physical characteristics

than do their White peers (Pang, Mizokawa, Morishima, & Olstad, 1985). The scarcity of Asian role models will continue to result in racial self-consciousness. Although assimilation is occurring, not all values are changing at the same pace. Asian-American men of a later generation may still exhibit some hesitancy about asserting themselves, feel uncomfortable in evaluative social situations, and allow themselves more limited career choices. With this group, counselors and clinicians generally can use the same techniques and approaches that they employ with Western-oriented clients. Asians in this group are comfortable with discussing emotional issues and value self-exploration.

Low Assimilation, Low Ethnic Identity

Asian men in this group are marginal to both cultures. They are sometimes severely mentally ill. Kitano (1989) described a Japanese-American alcoholic who felt that his problem was being an Asian in a White society. He felt his Asianness would disappear when he became drunk and rejected his racial identity. However, he did not feel accepted by White society except when he was under the influence of alcohol. This category is similar to the marginal man concept in which the individual has rejected his ethnic identity. However, the individual becomes aware that he cannot quite fit in with the other cultural group and so, rejects both. Individuals in this group all tend to be dysfunctional.

High Assimilation, High Ethnic Identity

Bicultural is the best term used to describe individuals in this group. They feel comfortable with the values of both groups and move easily between them. Although the counseling approach does not have to be modified with these individuals, Kitano believes that because they possess insights from a multicultural perspective, a unicultural counselor may have too narrow a focus when working with clients with a bicultural orientation.

Low Assimilation, High Ethnic Identity

Individuals in this group include recent immigrants, refugees, those living in ethnic communities, and many second- and even third-generation Asians. Counselors working with members of this group are most likely to require information about cultural values. In working with Asian men in this group, much of what was discussed earlier for traditionally oriented individuals would apply. Physical complaints involving head-

aches, fatigue, and sleep disturbances are common and must be addressed. They are real concerns to these individuals. Western cultures tend to have a psychosomatic orientation—that is, they believe that physical complaints without clear organic cause are the results of psychological problems. White (1982), in a study of world cultures, stated that this conceptualization is a minority view in the world, and that if we consider the somatization of psychological problems to be a characteristic of Asian cultures, we should also study the psychologization of illness by members of Western cultures.

Kinzie (1985) outlined some possible areas in which Asian clients differ from Western clients:

Asian Beliefs	Western Beliefs
Family interdependence	Personal choice and independence
Structured, hierarchical relationships	Equality of relationships
Mental illness due to lack of willpower	Mental illness resulting from psychological or physical factors
Emotional restraint healthy	Emotional expression healthy
Problem due to bodily symptoms	Bodily symptoms a reflection of psychological problems

Differences in the way clients conceptualize problems can produce difficulties in treatment. Tsui and Schultz (1985) presented a case of a 55-year-old Asian man who was referred for counseling by the family physician. The man had complaints involving back pain and headaches that seemed to have no physical basis. The therapist was in her 30s and a Caucasian. The client complained about his back pain and indicated that he had obtained no relief from three different physicians. He stated that his cousin had recommended that he try some folk medicine and asked the therapist if he should try it. The therapist acknowledged the client's discomfort and asked if something stressful had occurred during the past year. The client said no, and then asked, "You must be a very bright woman being a doctor at such a young age as my daughter . . . How old are you, Doctor?" . . . (p. 566). The therapist responded by asking the reason for the question and if he thought that she would not be able to help him. The client became flustered and denied that interpretation. He indicated that he had not learned American customs yet

and was sorry he had offended her. He shared some background information and then asked her information about her background. The therapist responded by asking him about his life in America. The client talked for the remainder of the hour, thanked her, and apologized again for being rude. He never returned for the second session.

What was wrong with the session? First, because the therapist was younger than the client and also female, she had low ascribed status. Second, the therapist adopted the Western view of physical complaints. She did not inquire about his physical problems and made the assumption that they were due to stress or other psychological factors. Thus, the communication between client and therapist was on different levels. The therapist might have inquired about the physical symptoms, found out when they occurred, and how the client had dealt with them in the past. If this had been done, the client's problem would have received attention and the therapist would have gained some idea about what the physical problems meant to the client. Her avoiding his complaints and questions were blows to his status, especially because she was female and younger than himself. Demonstrating some attention and respect to the client would have helped increase the possibility of a therapeutic alliance. However, the client still attempted to communicate with the therapist by relating some personal information and inquiring about her personal background. This was an attempt to gain commonality of background so she would not be considered a stranger and thus become an individual with whom personal material could be shared. Again, the client felt rebuffed in this attempt. If the therapist had responded to the initial physical complaints, answered the client's questions about her background directly, and demonstrated respect for the client and some understanding of his status, a therapeutic alliance could have been formed because the therapist would have obtained an achieved status.

Work with individuals in this group often will involve the use of interpreters because of poor facility with the English language. When working with Asian men, older male interpreters should be employed if possible because they have a higher status and will engender better response than would a young female interpreter. Again, the male client should be addressed first.

Special Problems With Asian Men

Educational Expectations

The pressure for Asian men to succeed academically is very high. More pressure is placed on men because they are expected to continue

the family tradition. The drive to excel is great. In a study of recent Asian immigrants (Sue & Zane, 1985), good grades were the result of taking reduced course loads, and studying more hours (approximately 22 hours a week). This pressure may have been responsible for the finding that recent immigrants had high levels of anxiety and felt lonely and isolated. A male student who came in for counseling reflected this pattern. His parents expected him to do well and to earn straight As. He received no praise for Bs. Instead they indicated that he could do better. He spent most of his time in the library and had few friends or social contacts. Even his choice of a major was dictated by his parents. He became very resentful of his parents' demands but also felt guilty because he knew that his parents had sacrificed to help him enter school. Part of his conflict was the awareness that not everyone faced this type of pressure.

The client was struggling with his internalized values and his personal desire for independence. In this case, the counselor helped the client verbalize his conflict and to assess his performance realistically. The client had a 3.5 grade point average and acknowledged that he had done well academically. He also said that his parents were proud of him and that they merely wanted him to succeed. The client also wanted to be more independent, and ways of accomplishing this were discussed. He decided to talk to his mother and father about changing his major. The counselor was able to help the client understand the nature of the problem and to assess it realistically. The client also understood his need to become more independent, and was able to do it in a manner that produced the least amount of conflict.

Career Choices

As opposed to women, Asian men experience greater career restriction. They are more likely to go into the physical sciences such as engineering, chemistry, biology, and physics. This was reported in a study by Sue and Frank (1973) and is still found to be true (Sue et al., 1985; Sue & Zane, 1985). In the Sue et al. study, over 80% of the Asian men were majoring in the physical sciences, as opposed to only 35% of their Caucasian peers. Interestingly, when the study participants were asked about the reasons for the choice of field, they all answered "money." It was difficult to question this response because physical scientists do make more money than individuals in the social sciences. However, Asian men also may choose the physical sciences because they might be less subject to discrimination and prejudice in those areas than in the social sciences. Unfortunately, counselors may guide Asian men into the physical sciences unintentionally, believing them to be good in math but not

good in social fields. As with any other group that has faced restricted career choices, the counselor must explore carefully all possible fields with Asian men.

Refugee Problems

Many Cambodians, Vietnamese, Khmer, and Hmong currently living in the United States have suffered severe personal losses. Many did not have time to prepare to leave their countries and fled because of danger to their lives. Because of this, a large percentage had to leave one or more family members behind. In one study of Southeast Asian refugees (Nguyen, 1985), the heads of the households complained of homesickness, loneliness, and depression. They often feel powerless to deal with these concerns, especially due to their lack of proficiency in English. Compounding the problem, many are unable to find a job. Their wives often have a more successful employment experience. In addition, their children often learn English more quickly and thus take the role of mediating between their father and the environment. Such factors have led to the loss of male status and increased feelings of powerlessness and isolation in the male head of household. Vietnamese refugees have voiced complaints that their children are displaying less respect for adults, and that the changing role of women toward greater equality is creating problems. A counselor may have to deal with problems of differential acculturation between family members and the loss of status of adult men. In addition, information about past trauma involving the loss of loved ones and reactions to this country must be explored.

In one case (Nishio & Bilmes, 1987), a Laotian couple was referred for psychotherapy. The husband had problems with alcohol abuse and would also physically abuse his wife. The psychotherapist encouraged the wife to leave her husband and to become more independent. The couple promptly left therapy and sought treatment from an Asian therapist. The counselor responded with respect to the Laotian man and established a good relationship. He reframed the notion of greater independence for the wife in terms of it allowing the husband to have more time for himself. Difficulties adjusting to the United States were brought out, and the husband was willing to discuss his feelings of inadequacy. Gradually the husband understood that his wife was trying to help him and not usurping his position. He quit beating her and also stopped drinking. In this case, the Asian counselor demonstrated an understanding of the traditional Asian family relationship, was nonjudgmental, and was able to effect change within the cultural context. A counselor must be careful, however, that he or she does not force a

client to remain in an unhealthy situation. In the above case, if the wife wanted to leave the husband or become more independent, these wishes would have to be considered. However, the impact of these changes on her, her family, and her status in the community would have to be brought up so that the client would be able to consider fully the consequences of her decisions.

Treatment Strategies

In counseling traditional Asian-American men, certain guidelines can be useful in establishing a therapeutic relationship:

1. Use restraint in gathering information. Because of the stigma attached to mental illness or the seeking of help from a counselor, there will be difficulty obtaining information. The counselor might indicate that talking about their concerns might be difficult, but that they should feel good in being concerned about the well-being of the family. Sharing some personal information with the client also may be useful in establishing trust.
2. Explain to the client what occurs in counseling. Many will expect medication and not understand what psychotherapy is. Lambert and Lambert (1984) found that Asian immigrants who were provided information about counseling and the need to share information had more positive reactions to therapy, saw their therapist in a more positive light, and were more satisfied than were immigrants who did not receive such preparation regarding the counseling process.
3. Ask the client describe the problem as he sees it. If a physical complaint is brought up, allow the client to discuss it. Find out how he has dealt with similar problems in the past. Starting off with the client's perception of the problem reduces the chance that the worldview of the counselor will predominate.
4. Assume a more directive and structured role, especially during the early sessions. Counseling is a new phenomenon to many Asian men. There is an expectation that the counselor will offer the direction and answers. Some use of empathy techniques can be helpful after trust is established with the client. Do not make the assumption that discussion of feelings will not be useful, but do not begin with this approach.
5. Many of the problems of immigrants and refugees may revolve around dealing with the environment. The client may need assistance in filling out forms and interacting with different agen-

cies, such assistance addresses a major concern of the client and helps establish trust and appreciation of the counselor.

6. In working with families, assess for the possibility of intergenerational conflicts resulting from changes in status and acculturation levels. Be especially aware of the potential loss of status of adult men.
7. The therapy should be time-limited and focus on the specific resolution of the problem as identified by the individual or the family.
8. In working with families, the structured family approach may be helpful because it is consistent with the organization of Asian families, establishes the therapist as the authority figure, and focuses on the strengths rather than the weaknesses of the family. Instead of having the family members address one another, as would be done with a Western-oriented family, the members address their reactions to the counselor. The structured family approach also has an advantage in that for Asians, the family is the important unit, not the individual (Jung, 1984).

Asian-American men are going through a process of acculturation and culture conflict. Many feel that their values are being eroded because of exposure to the American culture. Some desperately try to hang on to their traditions, others move rapidly toward assimilation. In both groups, the individual experiences change and often a loss of status. The counselor often must help the Asian man sort through the changes involved, being careful not to impose his or her worldview but also not assuming that the Asian man wants to maintain the status quo. Perceptiveness and flexibility on the part of the counselor is essential, as is the need for respect for the client and his cultural values.

END

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